

A short incision, about 2 inches in length, was first made in the median line near the lower uterine segment. The tissues were divided slowly and with care until the membranes were reached, then with the scissors the incision was rapidly extended upward toward the fundus until an opening 5 inches in length was obtained. As the uterus contracted, the membranes formed a hernial protrusion from the wound. The child was then rapidly removed and the separation of the membranes and placenta was accomplished by tractions upon the protruding sac and by means of two fingers inserted between the decidua and the uterine walls; the uterine cavity was carefully sponged with a 1-10,000 sublimate solution. The arrest of the circulation by means of the elastic ligature gave the uterus a pale waxy appearance and rendered the incision nearly bloodless. The wound was closed by sixteen deep and eighteen superficial Lembert sutures of carbolized silk. On the removal of the ligature, there was slight bleeding from one of the stitches, which could not be controlled. The abdominal wound, however, was then closed by ten silver sutures, a drainage tube having been inserted behind the uterus. The child weighed five and a half pounds and was deeply cyanosed at the moment of extraction, but was resuscitated. During convalescence, a large abscess formed at the hip and had it not been for the symptoms resulting from this hip complication, the period of convalescence would have compared favorably with that following an easy natural labor.—*N. Y. Med. Jour.*, May 7, 1887.

JAMES E. PILCHER (U. S. Army).

**IX. Extra-Uterine Pregnancy. Laparotomy. Cure.** By M. BRUCH (Algiers). He mentions two similar operations which he has lately performed, and remarks on the difficulties of diagnosis and the treatment of extra uterine pregnancy. He believes laparotomy to be the only operation that should be commended, and he condemns all intervention through the vagina. He insists on making a distinction between a free opening into the abdomen and an opening into pouches adherent to the abdominal walls, which behave like huge abscesses, two operations which are too often confounded. For extra uterine foetation Koeberlé and himself are the only two surgeons who

have practiced true laparotomy. He also mentions some peculiarities little known in the history of this malady, for example, the partial or total fusion of the foetus' skin and the cyst walls, an occurrence which would render all extraction per vaginam an illusion. To sum up, whenever a diagnosis can be made, he has no hesitation about operating and goes to work at once through the abdominal wall.—*Le Progrès Médical*, Dec. 18, 1886, P. 1098.

L. MARK (London).

### SYPHILIS.

I. The Subcutaneous Injection of Calomel in the Treatment of Syphilis. By KAPP and CHOLZEN. On the Elimination of Mercury by the Urine, Etc. LANDSBERG. Employing for the most part a 25% solution of chloride of sodium in which 10% of calomel was suspended, the former authors have treated over two hundred and fifty cases of syphilis with very good results. It might have been expected that sometimes the calomel would remain inert, but it is stated that this never occurred. As a result of the 1,523 injections administered an abscess resulted 72 times, *i. e.*, 4%; nevertheless it is claimed that the method is more convenient than that of mercurial inunction. Landsberg has carefully estimated the elimination of mercury from these patients as well as from some treated by the ordinary methods, and has arrived at some interesting results, which may be thus summarized: 1. Mercury can be detected in the urine within twenty-four hours from the first administration of moderate doses. 2. After a thorough mercurial course has been followed it can be detected in the urine from four to fourteen months after the cessation of administration. (In one case it was said to be detected two years and a half afterwards). 3. The form in which the drug was given appeared to have little or no effect with regard to the elimination by the kidneys, and if large doses were employed the only difference noted was that the mercury could be detected for a longer time than in the case of small ones.—*Vierteljahrsschrift f. Dermatologie und Syphilis*, 1886, P. 747. Inaugural dissertation, Breslau, 1886.

II. Hysterical (?) Paralysis in Syphilitic Subjects. By M.